



Department of Human Resources
Division of Employee Benefits

2021 Retiree Medical Plan Comparison

Medical Benefits	UHC Choice Plus Plan		UHC Medicare Advantage Plan Available for Medicare Eligible Retirees	
	In Network		In Network	
Customer Service Number	1-800-603-3941		1-866-291-1237	
Group Number	#714852		#13886	
Annual Deductible	Retiree Only:	\$1,250	None	
	Retiree + Child(ren)	\$1,500		
	Retiree + Spouse	\$2,250		
	Retiree + Family	\$2,500		
Annual Out-of-Pocket Maximum	\$3,000		\$2,400	
Office Visits (Primary Care)	\$30 Copay		\$10 copay	
Office Visits (Specialist)	\$40 Copay		\$20 copay	
Inpatient Hospital	80% of eligible charges		\$500 per Admission	
Skilled Nursing Facility (SNF)	80% of eligible charges		\$0 copay per day: days 1-20 \$75 copay per additional day up to 100 days	
Outpatient Surgery	80% of eligible charges		\$250 copay	
Ambulance	80% of eligible charges		\$100 copay	
Emergency Room	\$200 copay		\$65 copay (worldwide)	
Urgent Care	\$30 copay		\$35 copay (worldwide)	
Preventive Services	100% of eligible charges		100% of eligible charges	
Diagnostic Procedures/Tests	80% of eligible charges		90% of eligible charges	
Lab Services	80% of eligible charges		\$10 copay	
Radiology	80% of eligible charges		\$25 copay	
Durable Medical Equipment	80% of eligible charges		80% of eligible charges	
Routine Foot Care	Not Covered		\$20 copay (Up to 6 visits per plan year)	
Routine Hearing Exam	Not Covered		\$0 copay (1 exam every 12 months)	
Routine Vision Exam	Not Covered		\$20 copay (1 exam every 12 months)	
Virtual Doctor Visits	\$10 copay		\$0 copay	
Fitness Benefit	Reimbursement up to \$100/year		No cost gym membership at participating locations through SilverSneakers®	
Website Address	www.myUHC.com		www.UHCRetiree.com/MilwaukeeCounty	
Optum Rx Prescription Drugs				
Coverage	Retail (30 Day Supply)		Mail Order (90 Day Supply)	
Tier 1 Prescriptions	\$10		\$25	
Tier 2 Prescriptions	\$30		\$75	
Tier 3 Prescriptions	\$50		\$125	
Tier 4 Prescriptions	\$75		\$225	
Rx Out-of-Pocket Maximum	Individual	\$2,000	Individual	\$2,000
	Family	\$4,000	Family	\$4,000
Note: this at-a-glance comparison assumes single coverage and is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.				